

E-1 (10/98)

**PUBLIC EMPLOYMENT RELATIONS COMMISSION**

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PUBLIC EMPLOYMENT  
RELATIONS COMMISSION**PETITION FOR INVESTIGATION OF  
QUESTION CONCERNING REPRESENTATION****[ ] Amended Petition in Case \_\_\_\_\_ -E- \_\_\_\_\_**

Instructions: See other side of this form.

Applicable Rules: Chapter 10-08, 391-08 and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

**1. EMPLOYER** City of VancouverCONTACT PERSON Elizabeth Gotell  
ADDRESS 610 Esther Street  
CITY/STATE Vancouver, WA ZIP 98660  
TELEPHONE 360-619-1005 EXT. \_\_\_\_\_ FAX 360-619-1018ATTORNEY or Terry Weiner  
REPRESENTATIVE Attorney  
ADDRESS P.O. Box 1995  
CITY/STATE Vancouver, WA ZIP 98668  
TELEPHONE 360-487-8500 EXT. \_\_\_\_\_ FAX 360-487-8501**2. PETITIONER** Washington State Council of County and City EmployeesCONTACT PERSON Bill Keenan, Director of Organizing  
ADDRESS P.O. Box 750  
CITY/STATE Everett, WA ZIP 98206-0750  
TELEPHONE 425-303-8818 EXT. 227 FAX 425-303-8906ATTORNEY or Audrey Eide  
REPRESENTATIVE General Counsel  
ADDRESS P.O. Box 750  
CITY/STATE Everett, WA ZIP 98206-0750  
TELEPHONE 425-303-8818 EXT. 229 FAX 425-303-8906**3. INCUMBENT BARGAINING REPRESENTATIVE Indicate:**

- ☒ The employees involved are not currently represented for bargaining; or  
☐ The employees involved are currently represented by:

**ORGANIZATION** \_\_\_\_\_CONTACT PERSON \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ EXT. \_\_\_\_\_ FAX \_\_\_\_\_ATTORNEY or \_\_\_\_\_  
REPRESENTATIVE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ EXT. \_\_\_\_\_ FAX \_\_\_\_\_**4. COLLECTIVE BARGAINING AGREEMENT Indicate:**

- ☒ There has never been an agreement covering the employees involved; or  
☐ A copy of the current (most recent) agreement is attached.

**5. SHOWING OF INTEREST** A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.**6. BARGAINING UNIT****a. EMPLOYER'S PRINCIPAL BUSINESS**  
City Government**b. DEPARTMENT OR DIVISION INVOLVED**  
Recreation Department**c. DESCRIPTION OF BARGAINING UNIT** Indicate inclusions/exclusions, contract page or case/decision number:

Including: All supervisory employees of the Recreation Department in the Tennis Center, Marshall Center, Firstburg Center, and Luepke Center.

Excluding: Park and Recreation Director, the Parks Department and all other employees of the Recreation Centers.

**d. NUMBER OF EMPLOYEES IN BARGAINING UNIT** 19**6. DESIGNATION OF REQUEST Indicate one:**

- ☒ **RECOGNITION REQUEST.** The petitioner claims to represent a majority of the employees involved, and requests certification as their exclusive bargaining representative of the bargaining unit.
- ☐ **CHANGE OR REPRESENTATIVE.** The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.
- ☐ **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.
- ☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.
- ☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.

**8. OTHER RELEVANT FACTS Indicate, if applicable:**

- ☐ Additional Information is set forth on separate sheets attached to this petition form.

**9. AUTHORIZED SIGNATURE FOR PETITIONER**NAME (PRINT) Bill KeenanSIGNATURE Bill KeenanTITLE Director of Organizing DATE 3/09/10



WASHINGTON STATE  
COUNCIL OF COUNTY AND CITY EMPLOYEES  
AFSCME AFL-CIO

CHRIS DUGOVICH President/Executive Director

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Affiliated with:

American Federation of State, County & Municipal Employees  
Washington State Labor Council

PUBLIC EMPLOYMENT  
RELATIONS  
COMMISSION

## Facsimile Cover Sheet

To: Elizabeth Gotelli, Terry Weiner, Sally Iverson

Company: \_\_\_\_\_

Date: 3/9/10 Time: \_\_\_\_\_

Fax #: \_\_\_\_\_

Number of pages to follow: 2

- ☐ Please call to discuss this matter.
- ☐ Please review and provide comments.
- ☒ For your information.
- ☒ Hard copy to follow.
- ☐ Per your request.

If you have any problems with this transmittal please give us a call at (425) 303-8818 or 1-800-775-6418.

From: Bill Keenan, Director of Organizing

Company: Washington State Council of County and City Employees, AFSCME, AFL-CIO

Fax #: (425) 303-8906

Comments: \_\_\_\_\_  
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\_\_\_\_\_  
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